



Sierra Outdoor School, SONORA

Frequently Asked Questions

Q: Does Sonora provide or dispense over the counter (OTC) medications i.e.: Tylenol, Ibuprofen, Benadryl, antibiotic ointment, medicated cough drops, sunscreen, bug spray, Calamine lotion etc.?

A: No. If your child need OTC medication(s), a Medication at School (MAS) form must be completed by a healthcare provider and turned into the health office with the medication(s) by Monday, Oct. 25th.

Q: What OTC medications will not need a MAS form?

A: Sunscreen and lip balm. Due to potential allergies, students are NOT allowed to share any OTC medications.

Q If my child has medication at school with a completed MAS form and will take the exact same medication and dose at Sonora - do I need to have my doctor complete another form?

A: No - but be sure your child has enough medication for the trip. We will send the MAS form and medication with the teacher to Sonora.

Q: If I am a chaperone at Sonora and want to give my child medication, do I need to get a MAS form completed by my healthcare provider?

A: No. However, you will need to give the medication to your child.

Q: Is there a nurse at Sonora?

A: No.

Q: Who will give my child their prescribed medication?

A: Your teacher will give the prescribed medication to your child.

Q: Can a parent give permission over the phone to a chaperone to provide medicine, i.e. Tylenol, to their child if they get a headache or suddenly fall ill.

A: No. The parent will be notified of student's condition.

Q: Who will take care of my child if he/she is injured?

A: Teachers/EMTs will - see information below - the parent will be notified.

Additional Q/A and information on back

Q: What if my child has a food allergy or special dietary need?

A: A Special Meal Accommodation form must be completed by a healthcare provider and turned into the health office by **Monday, Oct. 25th** If your child currently has this in place, this information will be given to the Sonora staff.

Q: What if my child has a Health Safety Plan at school?

A: The same Health Safety Plan will be followed at Sonora.

Things to think about:

1. Weather condition - pack clothes accordingly
2. Extra socks and tennis shoes (in case they get wet)

Emergency Medical Technician (EMT) Information

EMT on site daily from 7:00 am - 4:30 pm

EMT 3 miles away at volunteer fire station during other hours

EMT can provide Basic life support (AED, CPR, and O2)

Paramedic response is 18-22 minutes - Advanced Life Support

REMINDERS

Special Meal Accommodation form due Monday, Oct. 25th

MAS form and medication(s) due Monday, Oct. 25th

Any medication not approved by the school nurse will not be allowed!

LEAVE FOR SONORA EARLY WEDNESDAY MORNING 11/3/21

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School or Agency	2. Site Name	3. Site Phone Number	
4. Name of Child or Participant		5. Age or Date of Birth	
6. Name of Parent or Guardian		7. Phone Number	
8. Description of Child or Participant's Physical or Mental Impairment Affected:			
9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:			
10. Indicate Food Texture for Above Child or Participant:			
<input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
11. Foods to be Omitted and Appropriate Substitutions:			
Foods To Be Omitted		Suggested Substitutions	
12. Adaptive Equipment to be Used:			
13. Signature of State Licensed Healthcare Professional*	14. Printed Name	15. Phone Number	16. Date

*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

INSTRUCTIONS

1. **School or Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served.
3. **Site Phone Number:** Print the phone number of site where meal will be served.
4. **Name of Child or Participant:** Print the name of the child or participant to whom the information pertains.
5. **Age of Child or Participant:** Print the age of the child or participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.
7. **Phone Number:** Print the phone number of parent or guardian.
8. **Description of Child or Participant's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child or participant's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the child or participant does not need any modification, check "Regular".
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).
Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Phone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major bodily functions have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

"Has a record of such an impairment" means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.



IMPORTANT MESSAGE FROM YOUR SCHOOL NURSE 6TH Grade Sonora Trip

Sierra Outdoor School (Sonora) Date: November 3rd though 5th

Dear Parents/Guardians,

Going to Sonora is an educational and exciting trip for your child. To make it a safe, fun, learning experience, **Please read the following information carefully.**

- If your student needs to take **ANY** medications while on this trip, the school Health Office **MUST have a Medication at School form** completed by your child's health care provider and signed by a parent/guardian.
- For the safety of your child, this includes:
 - ALL emergency medications (inhaler, Epipens, glucagon, etc.)
 - ALL prescription medications
 - **ALL over the counter medications** - including Tylenol, Advil, Benadryl or other antihistamines, Dramamine or other motion sickness medication, any cough syrup, cough drops, throat lozenges, vitamins, medicated creams, lotions, etc.
- All medications **MUST** be in the original prescription bottle with the label or the original (small) over the counter bottle/box/tube with the student's name clearly marked.
- Please have your student take their morning dose before they leave for Sonora.
- Students will be able to take sunscreen lotion, and lip balm. However, students will not be able to share these items with other students.
- **Bug spray is NOT allowed.**

ALL medications and doctor's orders (Medication at School form) must be in the Maple Creek Health Office **by the end of the day on Monday 10/25/21** in order to be processed in time for camp. Doctor's orders may be faxed to the Health Office @ 327-7390. Please do not wait until the last minute to get this turned in.

All medication **must** be given to the Health Office in:

- The **original prescription bottle with the label** or,
- The **original (small) over the counter bottle/box/tube** with the **student's name clearly marked**.
- Only send the exact amount of medication the student will need to take. No large medication bottles, please.
- Mark all medications with the student's name.
- **Please do not send loose pills in baggies.**

If you have any questions, please feel free to call your school nurse Chelle Bridges, RN or Health Services Assistant @ 327-7377. Thank you for your help and support.

Sierra Outdoor School (Sonora) Guidelines

Purpose: The Clovis Unified School District (CUSD) Nursing Services Department in partnership with Sierra Outdoor School (SOS) provides health services support to all CUSD students attending 6th grade camp and to ensure the health and well-being of the students with health-related concerns during their Sonora experience.

For Whom: School nurse with the assistance of the school site HSA to compile all necessary health information to send with school staff.

Procedural Guidelines, Roles and Responsibilities

Planning Care for Students attending SOS:

- School Nurse to obtain SOS dates for school site at the end of the school year for the following year or at the very latest, the beginning of the school year.
- Begin preparing health related needs of 6th grade students approximately 6 weeks prior to scheduled date.
 - Review 6th grade health records.
 - Make sure to keep your 6th grade teachers informed of those students with emergency medications/special needs so they can keep those students in a group with a staff member (instead of a parent volunteer).
 - Consult with site administration and 6th grade teachers regarding students with special needs.
 - Follow-up with parents regarding specific health alerts/needs.
 - Update "Message from Nurse's Office" letter may be included in teacher SOS packets.
 - Review accommodations and prepare as necessary for students on 504/IEP plans.
 - Set deadline two weeks prior to the trip date for all medications and special meal requests to be turned in to health office.
 - Discuss/confirm date with site principal.
- If the student has a 504 for medical reasons and will need nursing services (i.e. diabetes), the parent/guardian may attend to care for their child at no cost.
 - See CUSD SOP No. 5040 Request to Accompany a Qualified Student.
 - **Note:** Check with the 504 Coordinator to ensure the form has been submitted, when necessary. Request should be started at least 4-6 weeks in advance.
 - Any parent/guardian attending Sonora to care for their own child must still complete the volunteer requirements.
 - If a parent is unable to attend with their child, contact Nursing Services immediately so arrangements can be made to send a licensed care provider for the student.
- School Nurse may attend the Sonora Parent meeting to discuss medications and special meal accommodations.
 - Discuss times/dates of parent meeting with your principal/6th grade staff.
- HSA and School Nurse to collect incoming medications and medication orders to ensure orders are appropriate and accurate.
 - School Nurse will review all medication/MAS forms and document orders in Q.
 - Must have correct medication, dosage, route and time to be administered along with physician and parent signature.
 - If possible, try to arrange medication administration times at 7 am, 12 pm, 5 pm, and bedtime. These are the times teachers will be most available to pass medications.
 - If these times cannot be accommodated, doctor's orders will be followed for when to administer the medication.

- Ensure all medication is received in the original container with the child's name and dosage clearly labeled.
- Discuss with parents who already have emergency medication orders/medication at school to confirm medications being sent with staff.
- HSA and School Nurse to collect incoming Special Meal accommodations and document in Q:
 - Send all special meal accommodation forms to Sierra Outdoor School two weeks prior to your site's scheduled SOS date (same as medications/orders).
 - SOS can accommodate vegetarian diets and most food allergies, intolerances or chronic diseases; however, parents must fill out a special dietary request form and return at least 2 weeks before attending SOS.
 - Ensure that all allergens are listed and that the sheet has been signed by a medical professional.
 - Copy and scan any CUSD Special Meal Accommodations forms that are in student health files and send to SOS (shawnacook@cusd.com or call Shawna at (209) 532-4039.
 - Also, if it is a new meal accommodation, scan a copy to Nancy Whalen, RD in campus catering. Indicate if the student will plan to eat with at school or if you are just notifying Campus Catering and submitting it for Sonora only.
 - Place a copy of the accommodation form in the SOS binder.
- School Nurse to review Safety Plans:
 - Place all safety plans for students going on the field trip in the medical binder.
 - Provide education/training to staff on specific health needs.
- Medication Administration documentation for staff to complete
 - Create a spread sheet for teachers to be able to check off what medication they gave, what time it was given, and the dosage given.
 - Remember that the spread sheets are going to be used by staff who may not be familiar with medical abbreviations.
- Create a SOS binder or other means to for staff to keep the confidential health information for students attending. To include:
 - Medication orders
 - Medication log
 - Student safety plans
 - Special Meal Accommodations Form
- Meet with school staff attending trip the evening before the trip and review contents of binder/folder.
 - Provide instructions to staff on:
 - Students with specific health care needs
 - Detailed instructions for medication administration
 - Use medication spreadsheet
 - Document student specific trainings in Q.
- When students return from Sonora:
 - Obtain medications/med log and other confidential health information from returning staff.
 - Document in Q medications if medications were returned to health office or given to parents. Document in Q the medications administered by staff during trip for each student, and any other reported health care.

Reminders for Parents:

- SOS does not have a nurse on-site.

- ALL medications including OTC medications such as ibuprofen, Tylenol, Dramamine, cough drops, etc. will require an order by a physician and signature of parent and must be in their original container.
- Sunscreen, lip balm, and non-medicated cough drops may be taken to camp. However, students may not share any of these items or prescribed medications.
- Any parent attending camp as a chaperone may give ONLY their student medication.
 - They are not required to get a medication order from their doctor.
- If your child will need a modified diet due to a health condition, a Special Meals Statement form must be completed and turned in at least two weeks prior to camp.
- All IEPs, 504 plans, and/or Individualized Health Safety Plans will be followed at camp in the same manner as at school.
- Medical Services are available at SOS
 - Two on-site AEDs (in dining hall and health lodge)
 - Two adult and two child Epi Pens are in the dining hall for emergency use
 - All SOS employees are CPR/FA trained
- Some SOS employees/caretakers have additional training including:
 - National and California EMT
 - Wilderness Emergency Medical Technician
- EMT on site daily from 7:00 am - 4:30 pm
- EMT 3 miles away at volunteer fire station during other hours
 - EMT can provide Basic life support (AED, CPR, and O2)
- 911 response could include:
 - Twain Hart CAL Fire – up to 20 min
 - Tuolumne County Columbia College Fire District CAL Fire – up to 20 min
 - Manteca Division Ambulance (MDA) – 25 min average response
 - Paramedic response (25 min) – Advanced Life Support
- Additional Health/Safety Preparation by SOS:
 - Comprehensive emergency plan in place; practiced annually
 - Evacuation plans in place; practiced annually
 - Transportation covered in the event of evacuation
 - A rear egress is available for emergencies
- In the event of a power outage, generators equipped to power entire campus

Frequently Asked Questions for School Nurses:

- What is considered a medication?
 - This is the information given to parents by the 6th grade staff:
 - If your student needs to take ANY medication on this trip, the Health Office MUST have a doctor's order (Medication at School form) and parent signature on file. For the safety of your child, this includes: ALL inhalers, ALL prescription medication, ALL over the counter medications-including Tylenol, Advil, Benadryl or other antihistamine, Dramamine or other motion sickness medication, any cough syrup, cough drops, throat lozenges, vitamins, medicated creams and lotions, etc.
- How should the medication be packaged?
 - All medications MUST be in the original prescription bottle with the label or in the original (small) over the counter bottle/box/tube with the student's name clearly marked. DO NOT send loose pills in baggies. Only send the exact amount of medication the student will need to take. NO large medication bottles. Please have your student take their morning doses before they leave for Sonora.
- Who will be administering my child's medication?

- This can vary from site to site.
 - Some sites have the administrator, each teacher or one teacher administer meds. Make sure you find out how your site will be handling medication administration.
 - There is no nurse on site in Sonora.

Forms/Documents Used by School Nurse

- Sonora Parent Message from the Nurse (letter to send home to parents)
- Medication at School form
- Medication Spreadsheet
- Medication Administration Training form
- Sierra Outdoor School Special Meal Statement

Resources:

Link CUSD Board Policies and Administrative Regulations:

- <http://boardpolicies.cusd.com/CUSDDocViewer/>
 - Administrative Regulation No. 2407 on Health Care and Medical Emergencies
 - Administrative Regulation No. 2408 on Specialized Physical Health Care Services
 - Administrative Regulation No. 3204 on Field Trips
 - Administrative Regulation No. 2401 on Administration of Mediation

Link CUSD SOP No. 5040 Request to Accompany a Qualified Student:

- <https://dodocushare01.clovisusd.k12.ca.us/docushare/dsweb/Get/Document-52017/SOP%205040%20Request%20to%20Accompany%20Qualified%20Student.pdf>



AUTHORIZATION FOR MEDICATION ADMINISTRATION AT SCHOOL

Name of Student	Date of Birth	Grade	School	Date
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California Education Code 49423 defines certain requirements for administration of medication "...any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which medication is to be taken, and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician statement." CUSD Board Policy No. 2401 does not allow students to administer their own medication without written permission as stated above.

Additionally, CUSD Administrative Regulation No. 2401 indicates that school personnel are **prohibited** from administering any over-the-counter or prescription medications including, aspirins, vitamins, antihistamines, etc. unless the medication is accompanied with **written permission from both the parent/guardian and physician**. The medication must be clearly labeled and sent to school in a container from the pharmacy and **will be kept in the school office unless otherwise directed by the physician**.

All medication orders will be automatically discontinued at the end of the school year after summer school.
New orders are required each school year.

PLEASE RETURN THIS FORM TO YOUR SCHOOL HEALTH OFFICE
******PHYSICIAN USE ONLY******

1. Medication: _____ **Dose:** _____ **Reason/Diagnosis:** _____

Route: Oral Inhalation Nasal Topical Intramuscular Subcutaneous Other _____

Medication Start Date: _____ **Stop Date:** _____

If DAILY, Time (s) to be given: _____

If AS NEEDED (prn), Frequency: Every 4 to 6 hrs. Every 6 to 8 hrs. Other _____

FOR INHALER, EPINEPHRINE AUTO-INJECTORS or other medications approved by physician only.

Self- Carry - Student demonstrates competence. Self- Pace PE

Stored in the Health Office

Other instructions or precautions-possible reactions: _____

2. Medication: _____ **Dose:** _____ **Reason/Diagnosis:** _____

Route: Oral Inhalation Nasal Topical Intramuscular Subcutaneous Other _____

Medication Start Date: _____ **Stop Date:** _____

If DAILY, Time (s) to be given: _____

If AS NEEDED (prn), Frequency: Every 4 to 6 hrs. Every 6 to 8 hrs. Other _____

FOR INHALER or EPINEPHRINE AUTO-INJECTORS ONLY or other medications approved by physician only

Self- Carry - Student demonstrates competence. Self- Pace PE

Stored in the Health Office

Other instructions or precautions-possible reactions: _____

3. Medication: _____ **Dose:** _____ **Reason/Diagnosis:** _____

Route: Oral Inhalation Nasal Topical Intramuscular Subcutaneous Other _____

Medication Start Date: _____ **Stop Date:** _____

If DAILY, Time (s) to be given: _____

If AS NEEDED (prn), Frequency: Every 4 to 6 hrs. Every 6 to 8 hrs. Other _____

Physician's Name: _____ **Physician's Signature:** _____ **Physician's NPI #** _____

Address: _____ **Phone:** _____ **Date:** _____

Name of Student	Date of Birth	Grade	School	Date
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******PARENT/GUARDIAN COMPLETES THIS PAGE******

Parent Request For Assistance with Medication at School

Responsibility of the Parent or Guardian

1. Parents/guardians shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
2. Parents/guardians will assume full responsibility for the supply and transportation of all medications.
3. Parents/guardians may administer medication to their child on a scheduled basis arranged with the school. Students are not permitted to carry prescribed or over-the-counter medication on school campus.
4. Parents/guardians may pick up unused medications from the school office during and at the close of the school year. Medication remaining after the last day will be discarded.
5. Each medication is to be in a separate pharmacy container prescribed for the student by a California licensed health care provider.
6. Each over-the-counter medication is to be in its original sealed container and prescribed for the student by a California licensed health care provider.

The parent or guardian must complete this page before any medication (prescription or over-the-counter) can be given, or taken, at school. This form must be renewed at the beginning of each school year or with any change in medication.

Parent Request for School Assistance with Medication

I understand that school district regulations require student medication to be maintained in a secure place, under the direction of an adult employee of the school district, and not carried on the person of a student (with the exception of inhalers and epinephrine auto-injectors accompanied by appropriate physician instructions).

All medication orders will be automatically discontinued at the end of the school year-summer school. New orders are required each school year.

A. For MEDICATIONS KEPT IN THE SCHOOL HEALTH OFFICE only: I hereby request that the staff of my child's school assist in giving medication to my child during school hours as stated in the physician instructions. I also give permission to contact the physician for consultation and exchange of information as needed.

Signature of parent or guardian: _____ **Date:** _____ **Phone Number:** _____

B. For INHALERS/EPINEPHRINE AUTO-INJECTORS SELF CARRY only: I hereby request that my student carry and self-administer his/her inhaler or auto-injector. I understand that if my student does not follow the rules and responsibilities of carrying his/her medication, he/she will lose the privilege of carrying such medication. I also give permission to contact the physician for consultation and exchange of information as needed.

Signature of Parent or Guardian: _____ **Date:** _____ **Phone Number:** _____